GUIDANCE

HIV Prevention Community Planning

FOR HIV PREVENTION COOPERATIVE AGREEMENT
RECIPIENTS

ESSENTIAL COMPONENTS OF A COMPREHENSIVE HIV PREVENTION PROGRAM

To implement a comprehensive HIV prevention program, State, local, and territorial health departments that receive HIV Prevention Cooperative Agreement funds should assure that efforts in their jurisdictions include all of the following essential components:

1. HIV prevention community planning, in accordance with this guidance;
2. Epidemiologic and behavioral HIV/AIDS surveillance, as well as collection of other health and demographic data relevant to HIV risks, incidence, or prevalence;
3. HIV prevention counseling, testing, referral, and partner counseling and referral services, with strong linkages to medical care, treatment, and other needed services;
4. Health education and risk reduction (HE/RR) activities, including individual-, group-, and community-level interventions;
5. Easy access to diagnosis and treatment of other sexually transmitted diseases;
6. School-based education efforts for youth;
7. Public information programs;
8. Quality assurance and training;
9. Laboratory support;
10. HIV prevention capacity-building activities, including expansion of the public health infrastructure by contracting with non-governmental organizations, especially community-based organizations;
11. Evaluation of major program activities, interventions, and services; and
12. An HIV prevention technical assistance assessment and plan.

All of these components except numbers 2, 5, and 6 are funded primarily under the HIV prevention cooperative agreement program with health departments. This guidance addresses the first of these components, HIV prevention community planning, and outlines the minimum standards that CDC requires of health departments in the implementation of the community planning process. Definitions and programmatic standards and guidelines referenced in this guidance are further described in the materials included with program announcement #99004.

FINANCIAL SUPPORT OF HIV PREVENTION COMMUNITY PLANNING

HIV prevention cooperative agreement funds should be used to support all aspects of the community planning process, including:

- supporting planning group meetings, public meetings, and other means for obtaining community input;
- facilitating involvement of all community planning group members in the planning process, particularly those persons with and at risk for HIV infection;
- supporting capacity development for inclusion, representation, and parity of community representatives and other planning groups members to participate effectively in the process;
- providing technical assistance to health departments and community planning groups;
- supporting infrastructure for the HIV prevention community planning process;
- collecting, analyzing, and disseminating relevant data; and
- evaluating the community planning process.

DEFINITION OF HIV PREVENTION COMMUNITY PLANNING AND CORE OBJECTIVES

HIV prevention community planning is an ongoing, comprehensive planning process that is intended to improve the effectiveness of State, local, and Territorial health departments' HIV prevention programs by strengthening the scientific basis, community relevance, and population- or risk-based focus of prevention interventions. HIV prevention community planning is (1) evidence-based (i.e., based on HIV/AIDS and other epidemiologic data, including STD and behavioral surveillance data; qualitative data; ongoing program experience; program evaluation; a comprehensive needs assessment and resource inventory process, and other local data) and (2) incorporates the views and perspectives of groups at risk for HIV infection for whom the programs are intended, as well as providers of HIV prevention services.

Together, representatives of affected populations, epidemiologists, behavioral and social scientists, HIV/AIDS prevention service providers, health department staff, and others (e.g., representatives of organized healthcare delivery systems that serve persons with or at risk for HIV infection) analyze the course of the epidemic in their jurisdiction, assess and prioritize HIV prevention needs, identify HIV prevention interventions to meet those needs, and develop comprehensive HIV prevention plans that are directly responsive to the epidemics in their jurisdictions.

Prioritizing HIV prevention needs is a critical part of program planning. Community planning group members are expected to follow a logical, evidence-based process in order to determine the highest priority, population-specific prevention needs in their jurisdiction. These prioritized prevention needs are particularly important to the health department in allocating prevention dollars. Specific high priority HIV prevention needs (both populations and interventions) identified in the comprehensive HIV prevention plan are then operationalized in the health department's application to CDC for federal HIV prevention funds. There should be strong, logical linkages between the community planning process, the comprehensive HIV prevention plans, the health department's application for federal funds, and the allocation of federal HIV prevention resources by the health department.

CDC monitors progress in community planning through the following five core objectives:

Core Objectives:

- Fostering the openness and participatory nature of the community planning process.
- Ensuring that the community planning group(s) reflects the diversity of the epidemic in the jurisdiction, and that expertise in epidemiology, behavioral/social science, health planning, and evaluation are included in the process.
- Ensuring that priority HIV prevention needs are determined based on an epidemiologic profile and a needs assessment.
- Ensuring that interventions are prioritized based on explicit consideration of priority needs, outcome effectiveness, cost and cost effectiveness, theory, and community norms and values.
- Fostering strong, logical linkages between the community planning process, application for funding, and allocation of CDC HIV prevention resources.

Community planning groups may choose to take a long-term approach to their planning process, in one year reviewing the plan and developing action steps to strengthen it; in the next, focusing on implementing the steps and revising the plan; in the next, focusing on a particular population for which more information is needed; in the fourth, returning to the basic community planning steps. The planning process should be flexible, with the emphasis on undertaking meaningful tasks that contribute to, and enhance, the comprehensive plan. The important, overall goal of HIV prevention community planning is to have in place a comprehensive HIV prevention plan that is current, evidence based, adaptable as new information becomes available, tailored to the specific needs and resources of each jurisdiction, and widely distributed in an effort to provide a roadmap for prevention that can be used by all prevention providers in the jurisdiction.

PRINCIPLES OF HIV PREVENTION COMMUNITY PLANNING

The following principles trace their origins to several sources: HIV prevention program assessments conducted by CDC staff; CDC's Planned Approach to Community Health (PATCH) program; CDC's Assessment Protocol for Excellence in Public Health (APEX/PH) project; the ASTHO/NASTAD/CSTE State Health Agency Vision for HIV Prevention; the June 1994 External Review of CDC's HIV Prevention Strategies by the CDC Advisory Committee on the Prevention of HIV Infection; experience and recommendations of health departments and non-governmental organizations; the health promotion, community development, behavioral and social sciences literature; and CDC and its partners' experience in implementing community planning since 1994.

All grantees are required to adhere to the following principles:

1. HIV prevention community planning reflects an open, candid, and participatory process, in which differences in cultural and ethnic background, perspective, and experience are

essential and valued.

2. HIV prevention community planning is characterized by shared priority setting between health departments administering and awarding HIV prevention funds and the communities for whom the prevention services are intended.

3. Priority setting accomplished through a community planning process produces programs that are responsive to high priority, community-validated needs within defined populations. Persons at risk for HIV infection and persons with HIV infection play a key role in identifying prevention needs not adequately met by existing programs and in planning for needed services that are culturally appropriate. HIV prevention programs developed with input from affected communities are likely to be successful in garnering the necessary public support for effective implementation and in preventing the transmission of HIV infection.

4. HIV prevention community planning is characterized by inclusion, representation, and parity. These are fundamental tenets of HIV prevention community planning. Inclusion is defined as *the assurance that the views, perspectives, and needs of all affected communities are included and involved in a meaningful manner in the community planning process.* This is the assurance that the community planning process is *inclusive* of all the needed *perspectives*.

   Representation is *the assurance that those who are representing a specific community truly reflect that community's values, norms, and behaviors.* This is the assurance that those *representatives* who are *included* in the process are truly able to *represent* their community. However, these representatives must also be able to participate as group members in objectively weighing the overall priority prevention needs of the jurisdiction.

   Parity is the condition whereby *all members of the HIV prevention community planning group are provided opportunities for orientation and skills building to participate in the planning process and to have equal voice in voting and other decision-making activities.* This is ensuring that those *representatives* who are *included* in the process can *participate equally* in the decision-making process.

5. Representation on a community planning group includes:

   - persons who reflect the characteristics of the current and projected epidemic in that jurisdiction (as documented by the epidemiologic profile) in terms of age, gender, race/ethnicity, socioeconomic status, geographic and metropolitan statistical area (MSA)-size distribution (urban and rural residence), and risk for HIV infection. Members should articulate for, and have expertise in understanding and addressing, the specific HIV prevention needs of the populations they represent. At the same time, they must be able to participate as group members in objectively weighing the overall

priority prevention needs of the jurisdiction.

- staff of state and local health departments, including the HIV prevention and STD treatment programs; staff of state and local education agencies; and staff of other relevant governmental agencies (e.g., substance abuse, mental health, corrections).
- experts in epidemiology, behavioral and social sciences, program evaluation, and health planning.
- representatives of key non-governmental and governmental organizations providing HIV prevention and related services (e.g., STD, TB, substance abuse prevention and treatment, mental health services, homeless shelters, HIV care and social services) to persons with or at risk for HIV infection.
- representatives of key non-governmental organizations relevant to, but who may not necessarily provide, HIV prevention services (e.g., representatives of business, labor, and faith communities).

6. The HIV prevention community planning process attempts to accommodate a reasonable number of representatives without becoming so large that it cannot effectively function. To assure needed input without becoming too large to function, HIV prevention community planning group(s) seek additional avenues for obtaining input on community HIV prevention needs and priorities, such as holding well-publicized public meetings, conducting focus groups, and convening ad hoc panels. This is especially important for obtaining input relevant to marginalized populations or to scientific or agency representation that may be difficult to recruit and retain as members of the planning group.

7. Nominations for membership are solicited through an open process and candidates are selected, based on criteria that has been established by the health department and the community planning group. The nomination and selection of new community planning group members occurs in a timely manner to avoid vacant slots or disruptions in planning. In addition, the recruitment process for membership in the HIV prevention community planning process is proactive to ensure that socioeconomically marginalized groups, and groups that are underserved by existing HIV prevention programs, are represented.

8. All members of the HIV prevention community planning group(s) are offered a thorough orientation, as soon as possible after appointment. The orientation includes:

    - understanding the roles and responsibilities outlined in this document,
    - understanding the specific policies, procedures, and ground rules for deliberations and decision-making, resolving disputes, and avoiding conflict of interests that are consistent with the principles of this guidance and are developed with input from all parties. These policies and procedures address:
        - process for making decisions within the planning group (vote, consensus, etc.),
        - conflict(s) of interest for members of the planning group(s),
        - disputes within and among planning group(s),
        - differences between the planning group(s) and the health department in the

prioritization and implementation of programs/services, and
    - a process for resolving these disputes in a timely manner when they occur.
- understanding the history of the community planning group and its decisions to date, and
- understanding HIV prevention interventions and comprehensive prevention programs.

Orienting new members is an ongoing process that may include mentoring new members throughout the year.

9. Health departments assure that HIV prevention community planning group(s) have access to current information related to HIV prevention and analyses of the information, including potential implications for HIV prevention in the jurisdiction. Sources of information include evaluations of program activities, local program experience, programmatic research, the best available science, and other sources, especially as it relates to the at-risk population groups within a given community and the priority needs identified in the comprehensive plan.

10. Identification, interpretation, and prioritization of HIV prevention needs reflect the epidemiologic profile, needs assessment, resource inventory, and culturally relevant and linguistically appropriate information obtained from the communities to be served, particularly persons with or at risk for HIV infection.

11. Priority setting for specific HIV prevention strategies and interventions is based on specific criteria outlined in this document and each criterion should be formally considered by the HIV prevention community planning group(s) during priority-setting deliberations.

12. The HIV prevention community planning process produces a comprehensive HIV prevention plan, jointly developed by the health department and the HIV prevention community planning group(s), which includes specific, high priority HIV prevention strategies and interventions targeted to defined populations. Each health department's application for CDC funds addresses the plan's high priority elements that can be met by HIV prevention cooperative agreement funds. The comprehensive plan includes the essential elements listed in the section *Essential Elements of a Comprehensive HIV Prevention Plan.* For jurisdictions with multiple planning groups and plans, and with no jurisdiction-wide group, the health department should, at a minimum, develop a jurisdiction-wide summary of recommendations and conclusions. This should include jurisdiction-wide HIV prevention goals for priority populations with defined priority interventions as determined from among regional priorities, as well as a jurisdiction-wide summary of coordination, technical assistance, and evaluation activities.

13. The allocation of CDC-awarded resources reflects, to a reasonable degree, the epidemic in a jurisdiction. When this is not the case, there should be a convincing explanation for discrepancies, i.e., the use of state or other funds.

14. Because the plan is comprehensive, it is distributed widely as a resource to guide programmatic activities and resources outside of those supported with CDC federal HIV prevention funds.

15. The HIV prevention community planning process is evaluated to ensure that it is meeting the core objectives of community planning.

STEPS IN THE HIV PREVENTION COMMUNITY PLANNING PROCESS

After convening a representative group, the steps of the HIV prevention community planning process are as follows:

1. Develop an Epidemiologic Profile

   Assess and describe the extent, distribution, and impact of HIV/AIDS in defined populations in the community, as well as relevant risk behaviors. This is the starting point for defining future HIV prevention needs in defined, targeted populations within the health department's jurisdiction.

2. Conduct a Needs Assessment

   Conduct an assessment of the HIV prevention needs of the populations identified by the epidemiologic profile as being at high risk for HIV infection.

3. Assemble a Resource Inventory

   Assess existing community resources for HIV prevention to determine the community's capability to respond to the epidemic. These resources may or may not be directly HIV-related, but may include the existence of social networks, educational institutions, businesses, or other community-building activities that may favor HIV risk reduction.

4. Conduct a Gap Analysis

   Using the needs assessment and resource inventory, identify met and unmet HIV prevention needs within the high-risk populations defined in the epidemiologic profile. Findings from the needs assessment about high-risk populations (e.g., size of population, impact of HIV/AIDS, risk behaviors) should be compared to findings from the resource inventory about existing services. An analysis of the gaps between the needs of at-risk populations and the existing services should be helpful in the prioritization process.

5. Identify potential Strategies and Interventions

   Identify potential strategies and interventions that can be used to prevent new HIV infections within the high-risk populations defined in the epidemiologic profile, needs assessment, and resource inventory.

6. Prioritize Populations and Interventions

   Prioritize HIV prevention needs in terms of (1) high-risk populations and (2) interventions and strategies for each high-risk population identified.

7. Develop a Plan

   Develop a comprehensive HIV prevention plan consistent with the high priority needs identified through the community planning process. The plan must contain all of the elements described in the following section, **Essential Elements of a Comprehensive HIV Prevention Plan.** CDC does not require a new plan each year. Plans may cover more than one year. However, community planning groups are expected to meet regularly and to periodically review, revise, and refine the plans, as indicated by any new or enhanced surveillance data, intervention research, needs assessment, resource inventory, program policy, or technology. (See Step 9 below) Jurisdictions with multiple planning groups and plans, and with no jurisdiction-wide group, should follow the same process. The state health department should, at a minimum, annually develop a jurisdiction-wide summary of recommendations and conclusions. This should include jurisdiction-wide HIV prevention goals for priority populations with defined priority interventions as determined from among regional priorities, as well as a jurisdiction-wide summary of coordination, technical assistance, and evaluation activities.

8. Evaluate the Planning Process

   Health departments should track and keep records on an ongoing basis to evaluate the effectiveness of community planning process and the development and implementation of the comprehensive HIV prevention plan. (See *CDC Evaluation Guidance*)

9. Update the Plan

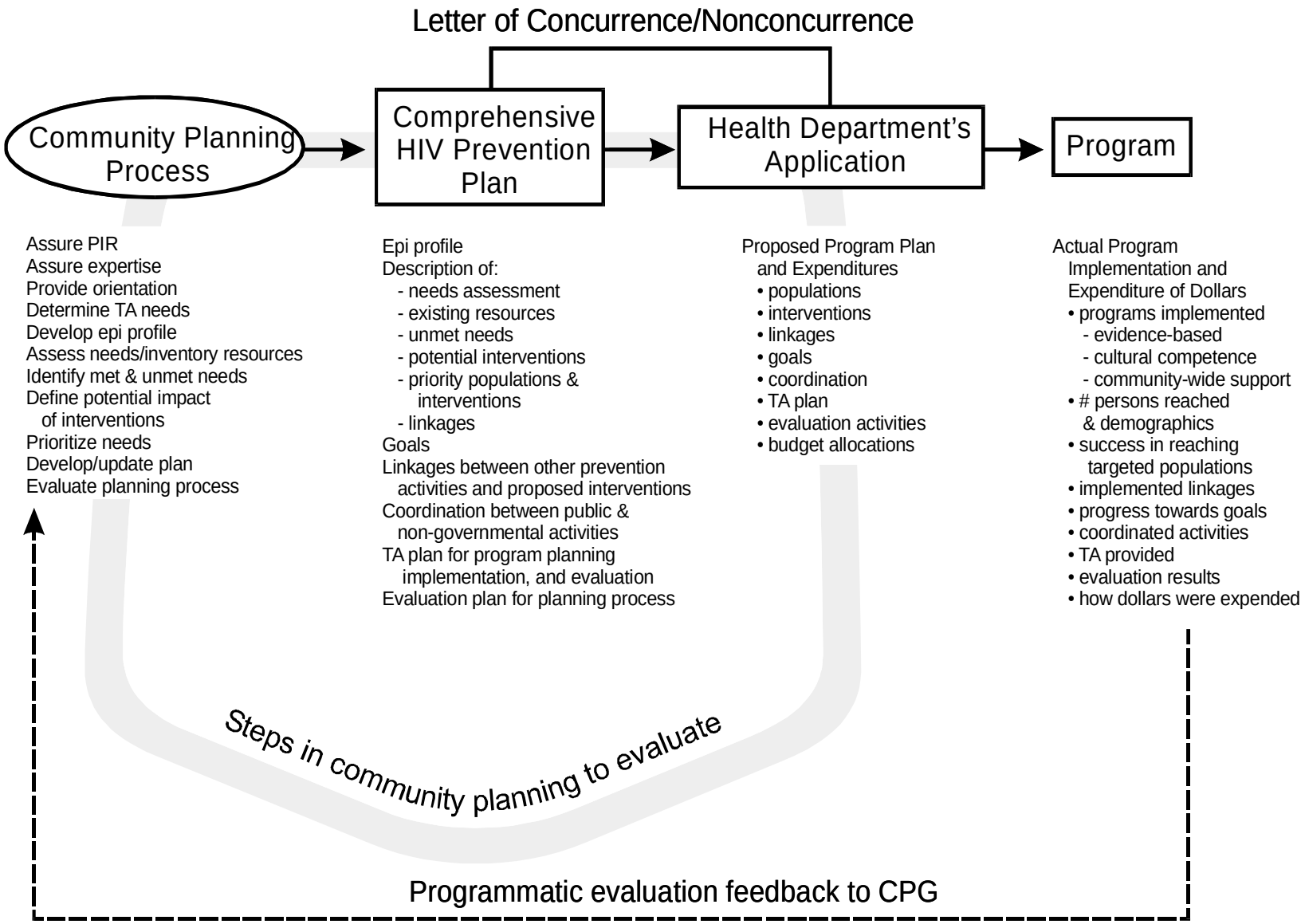
   Once a comprehensive plan has been developed, the community planning group should periodically review it to determine whether or not it is necessary to:

   - revise priorities, budget allocations, or community planning group composition to reflect any changes in the epidemiologic profile;
   - seek additional information to clarify and focus prevention priorities;
   - define potential methods for obtaining needed additional information;

- give additional attention to strengthening specific recommendations in the plan, such as
  - the linkages between primary prevention activities and secondary prevention, STD treatment, drug treatment, and medical services;
  - development of an in-depth plan for coordination of health department HIV prevention activities with the prevention activities of other governmental and non-governmental agencies in the jurisdiction;
  - conducting an assessment of technical assistance needs in the jurisdiction and developing a plan for meeting the needs;
- review program implementation information that would inform the planning process and potentially affect the priorities in the plan, e.g., progress reports from contractors, process evaluation data from other program activities;
- conduct new or additional needs assessment, resource inventories, focus groups, etc.;
- review new research findings on intervention effectiveness and determine the impact, if any, on the plan; and
- consider how new biomedical or prevention technologies might best be utilized.

These reviews may result in additional objectives for the community planning group in the upcoming year and an updated or revised comprehensive plan. Use program evaluation data and updated or revised epidemiologic, needs assessment, intervention research, program policy, and technologic data to improve the next year's planning process and to update, as appropriate, the comprehensive plan.

HIV Prevention Community Planning



ESSENTIAL ELEMENTS OF A COMPREHENSIVE HIV PREVENTION PLAN

The HIV prevention community planning process should produce a comprehensive HIV prevention plan, jointly developed by the health department and the HIV prevention community planning group(s), which includes specific, high priority HIV prevention strategies and interventions targeted to defined populations.

The necessary elements of a comprehensive HIV prevention plan include the following:

1. Epidemiologic Profile

   An HIV/AIDS epidemiologic profile that outlines the epidemic in that jurisdiction. The profile includes data from a variety of sources (demographic and socioeconomic data, reported AIDS cases, reported HIV infections from areas with confidential reporting, HIV seroprevalence and seroincidence surveys/studies [where available], HIV risk behaviors, and surrogate markers for HIV risk behaviors, e.g., sexually transmitted disease (STD) and teen pregnancy rates, information on drug use, and other local data.) Furthermore, the profile provides a narrative explanation of all data, including a description of populations at risk for HIV infection. The description of at-risk populations may include age group, gender, race/ethnicity, socioeconomic status, geographic area, sexual orientation, risk for HIV infection, primary language, and significant cultural factors. These high-risk populations should include defined target populations whose serostatus is unknown, negative, or positive. Other methods for segmenting audiences for prevention messages may also be used.

2. Needs Assessment

   A description of met and unmet HIV prevention needs in target populations to be reached by HIV prevention interventions, and barriers in reaching populations. The needs assessment should be based on a variety of sources (both qualitative and quantitative), should use different assessment strategies (e.g., surveillance; survey; formative, process, and outcome evaluation of programs and services; outreach and focus group(s); public meetings), and should incorporate information from both providers and consumers of services. Techniques such as over sampling may be needed to collect valid information from certain at-risk populations. In addition to community participation, the success of a needs assessment process is determined by: 1) the selection of a basic approach that is appropriate for the area under study; 2) an understanding of the desired results before engaging in the process; 3) the collection of data from a variety of sources; 4) an accurate analysis of the information gathered; and 5) the identification of important needs.

3. Resource Inventory

   A description of the existing resources for HIV prevention, including fiscal, personnel, and program resources, as well as support from public (Federal, Native American Tribal government, State, county, municipal), private, and volunteer sources. This inventory should attempt to identify HIV prevention programs and activities according to the high-risk populations defined in the epidemiologic profile.

4. Gap Analysis

   A description of the unmet HIV prevention needs within the high-risk populations defined in the epidemiologic profile. The unmet needs are identified by a comparison of the needs assessment and resource inventory.

5. Potential Strategies and Interventions

   Describe the potential strategies and interventions that can be used to prevent new HIV infections within the high-risk populations defined in the epidemiologic profile, needs assessment, and resource inventory.

6. Prioritization of Populations and Interventions

   The priority populations at high risk for HIV, and the prioritized culturally and linguistically appropriate individual-, group-, and community-level strategies and interventions to reach each. The strategies and interventions should include the interventions described in the section *Essential Components of a Comprehensive HIV Prevention Program*, as well as any other relevant HIV prevention activities. Both existing and proposed interventions should be described. **A clear, concise, logical statement of the reason each prioritized intervention was selected should be included.**

   Criteria to be considered in prioritizing are:

   - documented HIV prevention needs based on the current impact and trends of HIV/AIDS and other STDs in defined populations in the health department's jurisdiction;
   - outcome effectiveness of proposed strategies and interventions (either demonstrated or probable);
   - available information on the relative costs and effectiveness of proposed strategies and interventions (either demonstrated or probable);
   - sound scientific theory (e.g., behavior change, social change, and social marketing theories) when outcome effectiveness information is lacking;
   - values, norms, and consumer preferences of the communities for whom the

services are intended;
- availability of other governmental and non-governmental resources (including the private sector for HIV prevention); and
- other state and local determining factors.

Each criterion should be considered by the HIV prevention community planning group(s) during priority-setting deliberations. At a minimum, the community planning groups must provide a clear, concise, logical statement as to why each population and intervention given high priority was chosen.

7. Linkages

A description of how activities proposed in the comprehensive plan to prevent transmission or acquisition of HIV (primary prevention activities) are linked to activities to prevent or delay the onset of illness in persons with HIV infection (secondary prevention activities), to STD treatment, drug treatment, Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, and reproductive health care services.

8. Goals

Short (i.e., budget period) and long term (i.e., project period) goals for HIV prevention in defined populations being reached with defined interventions.

9. Surveillance and Research

A description of ongoing HIV prevention surveillance and research activities (e.g., epidemiologic and behavioral surveillance, research, and program evaluation activities), how these are linked to prevention program strategies in the plan, and any additional surveillance and research that is needed.

10. Coordination among Agencies and Organizations

A description of how governmental and non-governmental agencies will coordinate to provide comprehensive HIV prevention services and programs within the area for which the plan is developed.

11. Technical Assistance Needs Assessment and Plan

An HIV prevention technical assistance needs assessment identifying needs of the health department, community planning group(s), and community-based providers in the areas of program planning, implementation, and evaluation, and a plan of activities that addresses the technical assistance needs.

12. Community Planning Evaluation Plan

    An evaluation plan for the HIV prevention planning process. See *CDC Evaluation Guidance.*

Access to Diagnosis and Treatment of Other STDs

Closely coordinating or integrating HIV prevention and STD prevention services is necessary and cost-effective, and should be accomplished to reduce the transmission of HIV and other STDs. HIV prevention community planning groups should have an opportunity to review the role of STD detection and treatment as an effective strategy to help stop the sexual transmission of HIV. Collaborative programmatic activities that the community planning group might consider include:

- Increasing knowledge and awareness of the inter-relationship between HIV infection and other STDs, including identification of the common behaviors and practices that place persons at risk for both infections;
- Including voluntary HIV screening as a routine part of services offered to individuals seeking care for other STDs;
- Ensuring access to quality STD detection and treatment services in HIV counseling and testing sites and in public and private clinical settings serving HIV-infected individuals.

Community planning groups should be periodically briefed on the epidemiologic profile of STDs other than HIV and the priority needs of the STD program.

LETTERS OF CONCURRENCE/NONCONCURRENCE

Each health department, in its application, must include a letter of concurrence or nonconcurrence from **every** HIV prevention community planning group convened within the health department's jurisdiction. At a minimum, the letter(s) should be signed by the co-chairs of every planning group on behalf of the group(s).

HIV prevention community planning group members should carefully review the comprehensive HIV prevention plan and the health department's entire application to CDC for federal funds (including the proposed budget). Because the community planning process requires prioritization of HIV prevention needs and because prioritization directly corresponds to resource allocation, it is critical that the community planning group review the proposed allocation of resources in the health department's application (and, especially, to review expenditure levels in light of the epidemiologic profile). Community planning groups are not asked to review and comment on internal health department issues, such as salaries of individual health department staff, but instead to indicate:

- the extent to which the health department and the HIV prevention community planning group(s) have successfully collaborated in developing, reviewing, or revising the comprehensive HIV prevention plan;
- the extent to which the activities, programs, and services, for which the health department is requesting CDC funds, are responsive to the priorities in the comprehensive plan;
- the process used for obtaining concurrence, including
    - a description of the process used for review of the application by the community planning group,
    - the time frame allotted for the review,
    - who from the community planning group reviewed it (co-chairs, members, subcommittee chairs), and
    - the quality of the concurrence (e.g., without reservation, with minor concerns, with important concerns).

Letter(s) of **concurrenc**e may include reservations or a statement of concern/issues. The health department should address these reservations or concerns in an addendum to the HIV prevention application.

Letter(s) of **nonconcurrence** indicate that an HIV prevention community planning group disagrees with the program priorities identified in the health department's application. The letter should cite specific reasons for nonconcurrence. In instances of nonconcurrence and when a health department does not concur with the recommendations of the HIV prevention community planning group(s) and believes that public health would be better served by funding HIV prevention activities/services that are substantially different, the health department must submit a letter of explanation in its application. CDC will assess and evaluate these explanations on a case-by-case basis and determine what action may be appropriate. A letter of nonconcurrence does not necessarily mean that the jurisdiction will lose any portion of its CDC funding. Actions can range from

- obtaining more input/information regarding the situation;
- meeting with the health department and co-chairs;
- negotiating with the health department regarding the issues raised;
- recommending local mediation;
- approving the health department's application as is;
- requesting that a detailed plan of corrective action be developed to address the areas of concern and to be executed within a specified timeframe;
- conducting an on-site comprehensive program assessment to identify and propose action steps to resolve areas of concern;
- conducting an on site program assessment focused on a specific area(s);
- developing a detailed technical assistance plan for the project area to help systematically address the situation; and
- placing conditions or restrictions on the award of funds pending a future submission by the applicant.

ROLES AND RESPONSIBILITIES

HEALTH DEPARTMENTS

State, local, and territorial health departments are responsible for the health of the populations in their jurisdictions. States have a broad responsibility in surveillance, prevention, overall planning, coordination, administration, fiscal management, and provision of essential public health services. The role of the health department in the community planning process is to:

1. Establish and maintain at least one HIV prevention community planning group that meets the principles described in the section *Principles of HIV Prevention Community Planning.* Health departments are required to determine how best to achieve and integrate statewide, regional, and local community planning within their jurisdictions. In those jurisdictions where CDC has direct cooperative agreements with both State and local health departments, health departments are expected to have systems and procedures in place to facilitate coordination and communication between the state and local health departments and their community planning groups.

2. Identify a health department employee, or a designated representative, to serve as co-chair of each HIV prevention community planning group in the project area; if State health departments implement more than one planning group within their jurisdiction, they may wish to designate local health department representatives as co-chairs of these planning groups.

3. Assure collaboration between HIV prevention community planning group(s) and other relevant planning efforts, particularly the process for allocating Titles I, II, and IIIb of the Ryan White Comprehensive AIDS Resources Emergency Act and the STD prevention program. Health departments may consider merging the HIV prevention community planning process with other planning bodies/processes already in place. *If such mergers are undertaken, health departments still must adhere to the principles of HIV prevention community planning, as contained in this document.*

4. Provide an epidemiologic profile of the HIV prevention community planning group's jurisdiction to assist the group in establishing program priorities based on the extent, distribution, and impact of the HIV/AIDS epidemic. Inform the community planning group when there are changes in the utility or availability of certain data sources, and describe potential impact on the planning efforts.

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5. Ensure that technical assistance is provided to assist community planning groups, the health department, and community-based providers in the areas of program planning, implementation, and evaluation. Health departments should meet these needs by drawing on expertise from a variety of sources (e.g., the CDC-supported TA network, health departments, academia, professional and other national organizations, and non-

governmental organizations).

6. Distribute widely the comprehensive HIV prevention plan and utilize existing networks to promote linkages and coordination among local HIV prevention service providers, public health agencies, STD treatment clinics, community planning groups, and behavioral and social scientists who are either in the local area or who are familiar with local prevention needs, issues, and at-risk populations.

7. Develop an application for HIV prevention cooperative agreement funds, based on the comprehensive HIV prevention plan(s) developed through the HIV prevention community planning process; seek review of the application; obtain letter(s) of concurrence/nonconcurrence from the community planning group(s); and allocate resources based on the plan's priorities.

8. Operationalize and implement HIV prevention services/activities outlined in the comprehensive plan and application, including awarding and administering HIV prevention funds.

9. Administer HIV prevention funds awarded under the cooperative agreement, ensuring that Requests for Proposals are issued within 90 days of the time that the health department receives notice of grant award from CDC. Monitor contractor activities and document contractor compliance.

10. Administer and coordinate public funds from a variety of sources, including Federal, State, and local agencies, to prevent HIV transmission and reduce associated morbidity and mortality.

11. Ensure program effectiveness through specific program monitoring and evaluation activities. This may include conducting or contracting for process and outcome evaluation studies, providing technical assistance in evaluation, or ensuring the provision of evaluation technical assistance to funding recipients.

12. Provide periodic feedback to the community planning group on the successes and barriers encountered in implementing HIV prevention interventions.

HIV PREVENTION COMMUNITY PLANNING GROUP(S)

The role of the planning group(s) in the HIV prevention community planning process is to:

1. Elect a community co-chair to work with the co-chair designated by the health department.

2. Determine the technical assistance needs of the community planning group to enable it to execute an effective community planning process.

3. Carefully review available epidemiologic, evaluation, behavioral and social science, cost and cost-effectiveness, needs assessment, and resource inventory data and other information required to identify and prioritize HIV prevention needs.

4. Identify unmet HIV prevention needs within defined populations.

5. Prioritize HIV prevention needs by target populations and by priority strategies and interventions.

6. Identify the technical assistance needs of the community planning group and community-based providers in the areas of planning, implementing, and evaluating prevention interventions.

7. Assess how well the priorities outlined in the plan are represented in the health department's application to CDC for federal HIV prevention funds.

8. Focus primarily on the tasks of planning. Whether or not community planning groups take on additional tasks beyond those described in this document is determined locally by the health department and the community planning group (See *Definition of HIV Prevention Community Planning*). The planning process should be flexible, with the emphasis on undertaking meaningful tasks that contribute to, and enhance, the comprehensive plan. The important, overall goal of HIV prevention community planning is to have in place a comprehensive HIV prevention plan that is current, evidence based, adaptable as new information becomes available, tailored to the specific needs of each jurisdiction, and widely distributed in an effort to provide a roadmap for prevention that can be used by all prevention providers in the jurisdiction.

9. Review carefully the health department's application to CDC for federal HIV prevention funds, including the proposed budget, and write a letter of concurrence or nonconcurrence.

SHARED RESPONSIBILITIES BETWEEN HEALTH DEPARTMENTS AND HIV PREVENTION COMMUNITY PLANNING GROUP(S)

Together, the health department and the community planning group should:

1. Develop and implement policies and procedures that clearly address and outline systems for regularly re-examining:

    - planning group composition, selection, appointment, and terms of office to ensure that all planning group(s) reflect, as much as possible, the population characteristics of the epidemic in State and local jurisdictions in terms of age, race/ethnicity, gender, sexual orientation, geographic distribution, and risk for HIV infection;
    - roles and responsibilities of the community planning group, its members, and its various components (e.g., subcommittees, workgroups, regional groups, etc.);

- methods for reaching decisions; attendance at meetings; resolution of disputes identified in planning deliberations; and resolution of conflict(s) of interest for members of the planning group(s).

2. Develop and apply criteria for selecting the individual members of the HIV prevention community planning group(s) within the jurisdiction. Special emphasis should be placed on procedures for identifying representatives of socioeconomically marginalized groups and groups that are underserved by existing HIV prevention programs.

3. Determine the most effective mechanisms for input into the HIV prevention community planning process. The process must be structured in such a way that it incorporates and addresses needs and priorities identified at the community level (i.e., the level closest to the problem or need to be addressed).

4. Provide a thorough orientation for all new members, as soon as possible after appointment. New members should understand:
   - the roles, responsibilities, and principles outlined in this document,
   - the procedures and ground rules used in all deliberations and decision making,
   - the specific policies and procedures for resolving disputes and avoiding conflict of interests that are consistent with the principles of this guidance and are developed with input from all parties.

5. Determine the distribution of planning funds to:

   - support planning group meetings, public meetings, and other means for obtaining community input;
   - facilitate involvement of all participants in the planning process, particularly those persons with and at risk for HIV infection;
   - support capacity development for inclusion, representation, and parity of community representatives and for other planning group members to participate effectively in the process;
   - provide technical assistance to health departments and community planning groups by outside experts;
   - assure representation of the community planning group (governmental and nongovernmental) at necessary regional or national planning meetings;
   - support planning infrastructure for the HIV prevention community planning process;
   - collect, analyze, and disseminate relevant data; and
   - evaluate the community planning process.

6. Consider what additional data are needed for decision-making about priority needs, and propose methods for obtaining the data.

7. Identify the technical assistance needs of the community planning group, health department, and community-based providers in the areas of planning, implementing, and evaluating

prevention interventions.

8. Develop goals for HIV prevention strategies and interventions in defined target populations.

9. Develop, update annually, and disseminate the comprehensive HIV prevention plan.

10. If there are multiple community planning groups in the jurisdiction, integrate multiple HIV community prevention plans into a project-wide comprehensive HIV prevention plan.

11. Foster integration of the HIV prevention community planning process with other relevant planning efforts.

12. Consider how governmental and non-governmental agencies will coordinate to provide comprehensive HIV prevention services and programs within the area. The following are services to consider for coordination:

    - HIV prevention interventions;
    - Early intervention, primary care, and other HIV-related services;
    - STD, TB, and substance abuse prevention and treatment;
    - Women's health services;
    - Mental health services; and
    - Other public health needs.

13. Evaluate the community planning process to assure that it is meeting the core objectives of community planning.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The role of CDC in the HIV prevention community planning process is to:

1. Provide leadership in the national design, implementation, and evaluation of HIV prevention community planning.

2. Collaborate with health departments, community planning groups, national organizations, federal agencies, and academic institutions to ensure the provision of technical/program assistance and training for the HIV prevention community planning process. The CDC project officer is key to this collaboration. He/she works with the health department and the community co-chairs to provide technical/program assistance for the community planning process, including discussing roles and responsibilities of community planning participants, disseminating CDC documents, and responding to direct inquiries to ensure consistent interpretation of the guidance.

3. Provide technical/program assistance through a variety of mechanisms to help recipients understand how to (a) ensure parity, inclusion, and representation of all members

throughout the community planning process; (b) analyze epidemiologic, behavioral and other relevant data to assess the impact and extent of the HIV/AIDS epidemic in defined populations (including any changes in the utility or availability of certain data sources); (c) conduct needs assessments and resource inventories and prioritize unmet HIV prevention needs; (d) identify and evaluate effective and cost-effective HIV prevention activities for these priority populations; (e) provide access to needed behavioral and social science expertise; (f) identify and manage dispute and conflict of interest issues; and (g) evaluate the community planning process.

4. Require that application content submitted by HIV prevention cooperative agreement recipients for HIV prevention community planning funds is in accordance with the principles and the roles and responsibilities outlined in this guidance.

5. Monitor the HIV prevention community planning process, especially around the five core objectives.

6. Require as a condition for award of cooperative agreement funds that recipients' applications are in accordance with the comprehensive plan developed through the HIV prevention community planning process or include an acceptable letter of justification.

7. Identify the essential components of a comprehensive HIV prevention program. (See page 1)

8. Collaborate with health departments in evaluating HIV prevention programs.

9. Collaborate with other federal agencies (particularly the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, and the Health Resources and Services Administration) in promoting the transfer of new information and emerging prevention technologies or approaches (i.e., epidemiologic, biomedical, operational, behavioral, or evaluative) to health departments and other prevention partners, including non-governmental organizations.

10. Compile annually a report on the projected expenditures of HIV prevention cooperative agreement funds by specific strategies and interventions. Collaborate with other prevention partners in improving and integrating fiscal tracking systems.

ACCOUNTABILITY

CDC is committed to the concept of HIV prevention community planning as outlined in this guidance. In summary, CDC expects that:

- Health departments will support and facilitate the community planning process, including sharing technical assistance information and materials developed in support of the process;

- Community planning groups will develop plans in which they have **prioritized** HIV prevention needs, including populations and interventions;

- Health departments will reflect these priorities in their applications to CDC and implement effective HIV prevention programs based on the comprehensive HIV prevention plan; and

- Community planning groups will review the entire application for their jurisdiction, including the budget, prior to writing letters of concurrence/nonconcurrence.

CDC will continue to conduct annual external reviews of health department HIV prevention cooperative agreement applications and comprehensive HIV prevention plans to monitor the progress health departments and community planning groups are making in meeting these expectations. These reviews will focus on whether or not:

- A jurisdiction's planning process is in compliance with this guidance and the five core objectives;

- Priority populations and recommended interventions identified in the comprehensive HIV prevention plan are consistent with the epidemiologic profile, needs assessment, and behavioral/social science data presented in the plan;

- Proposed prevention program objectives, activities, and budget in the application are consistent with the comprehensive HIV prevention plan; and

- Any discrepancies noted are adequately explained.

CDC will review the recommendations provided by the External Reviewers and consider them when making decisions concerning issues such as funding restrictions and conditions, as well as detailed plans of technical assistance.

WHERE TO OBTAIN ADDITIONAL INFORMATION

Technical/program assistance may be obtained from your CDC project officer, Division of HIV/AIDS Prevention - Intervention Research and Support, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, Mailstop E58, Atlanta, GA 30333, (404) 639-5230.